



A Historical Day Camp Registration Form

We request only one registration form per camper. Please complete this form, and mail or drop off at: El Paso Museum of History, 510 North Santa Fe Street, El Paso, TX 79901

Child's Name _____

Child's Age on June 1, 2009 _____ Grade for 2009/2010 School Year _____

Name of Parent or Guardian _____

Mailing Address _____

Day Phone _____ Evening Phone _____

Payment for registration must be received by June 15, 2009 to hold space in the YWCA Retro camp and July 8, 2009 for the Junior Curator Camp. There is a limit of 15 participants for each session of the camp. Please specify which session you are registering for.

YWCA Retro Camp for Boys and Girls

Ages 6 -8, Grades 1st - 3rd
_____ June 30 to July 3

Ages 9 - 12, Grades 4th - 7th
_____ July 7 to 10

Junior Curator Camp

Ages 6 -8, Grades 1st - 3rd

Ages 9 - 12, Grades 4th - 7th

_____ July 21 to 24

_____ August 4 to 7

Camps meet from 9:00 AM to Noon, Tuesdays through Fridays.

Your choice of dates is subject to availability

Registration Fee: \$64.00 Members
 \$80.00 Non-members

Cash _____ Check _____ Credit Card _____

Please make checks payable to: El Paso Museum of History

Parent/Guardian

Signature _____ Date _____

El Paso Museum Of History
510 N. Santa Fe Street
El Paso, TX 79901
Phone: (915)351-3588, Fax: (915) 351-4345

Camper Information

In case of emergency, we request the name and telephone number of a physician for each participant.

Mother/Guardian's Name _____ Daytime Phone _____

Father/Guardian's Name _____ Daytime Phone _____

Child's Physician _____ Physician's Phone _____

Insurance Provider _____

Name of Policy Holder _____ Policy Number _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Authorized Pick-up Persons (other than Parent/Guardian)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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Medical Information

Please list all specific allergies your child may have:

Is your child on any medications? If yes, please list _____

Will your child need to receive medication during the camp? Yes No

Note: Parent/Guardian must be present to administer medication.

Does your child have any serious fears or phobias? If so, please describe:

Does your child have any physical limitations or handicaps? If so, please describe

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Parental Agreement
(Please Initial Each Statement)

- _____ I give permission to the El Paso Museum of History to administer ***EMERGENCY ONLY*** medical attention to my child in my absence. I understand the El Paso Museum of History will make every effort to contact the parent in case of emergency. I understand I am liable for any medical care costs incurred in the case of emergency treatment.
- _____ The information on the preceding pages is correct and current to the best of my knowledge. I agree to make the El Paso Museum of History aware of any changes to address, phone, emergency contact information, etc. as soon as these changes occur.
- _____ I authorize the El Paso Museum of History to use any photograph of my child for public relations purposes.

Behavior contract
(Please Initial)

In the interest of the safety of all campers and camp staff, any child exhibiting behavior that may cause harm to themselves, other campers, or camp staff, or that disrupts camp activities, will be asked to leave. These behaviors include, but are not limited to, climbing, jumping, hitting, kicking, biting, sexual harassment, and/or possessing weapons or illegal substances.

- _____ I have discussed the above rules with my child and agree to abide by them. I understand that if my child does not follow these principles, a personal conversation between the camp Director and Parent/Guardian will occur prior to any action being taken. Campers not abiding by these rules will be asked to leave the El Paso Museum of History program.

Refunds will not be given due to expulsion or suspension from program.

Parent/Guardian Signature _____